

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

211⁵⁰¹

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township

Primary Registration District No. 1002

City St. Joseph, Mo.

No. 424 North 17th

File No.

Registered No. 50

St. Ward

2. FULL NAME

(a) Residence No. 424 North 17th

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

August 26, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

4

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wright Hdw. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nelson County, Kentucky

FATHER

13. NAME

John W. Gore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Ellen Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. J. B. Harmon, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora

DATE January 16, 1932

19. UNDERTAKER (ADDRESS)

Eleman Funeral Home, St. Joseph, Mo.

20. FILED

JAN-14-1932

John R. Bender, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 14, 1932

I last saw him alive on Jan 13, 1932 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Polar Pneumonia
108
162 / 108

Other contributory causes of importance:

Name of operation 2

Date of 20

What test confirmed diagnosis? Autopsy Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John R. Bender, M. D.
1801 1/2 Francis - N. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23 1932

1944